

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90029 016 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000065607**

1. Corporation Name  
**VILLA VERDE REALTY CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2808 SUGARBERRY LANE  
 MIDLOTHIAN VA 23113  
 US**

Mailing Address  
**6099 RIVERSIDE DRIVE  
 SUITE 200  
 DUBLIN OH 43017  
 US**

3. Date Incorporated or Qualified  
**09/21/1993**

4. FEI Number  
**58-2072274** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

9. Name and Address of Current Registered Agent  
**FRANCIS, ELIZABETH P  
 101 E KENNEDY BLVD.  
 2700 BARNETT PLAZA  
 TAMPA FL 33602**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PORTER, R R</b>	
STREET ADDRESS	<b>2954 BURRLAND LANE</b>	
CITY-ST-ZIP	<b>THE PLAINS VA 22171</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KELLUM, JOSEPH W</b>	
STREET ADDRESS	<b>620 MOOREFIELD PARK DR., STE 201</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23236</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOOTH, DAVID</b>	
STREET ADDRESS	<b>15 GARDEN PL</b>	
CITY-ST-ZIP	<b>BROOKLYN NY 11201</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KENDALL, THOMAS</b>	
STREET ADDRESS	<b>411 N. LAKE ST</b>	
CITY-ST-ZIP	<b>LITCHFIELD CN 06759</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALSH, BRYAN</b>	
STREET ADDRESS	<b>11 LOWER TUCKAHOE ROAD W.</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23233</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2808 Sugarberry Lane</b>
2.4 CITY-ST-ZIP	<b>Midlothian, VA 23113</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph W Kellum* **JOSEPH W KELLUM** 2/9/99 804-272-6990  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UC2000 CR2E034 (11/98)